

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Anastacio, Faye (ARCH)	CHAPTER 100.1
Address: 45-507 Kahili Street, Honokaa, Hawaii 96727	Inspection Date: September 11, 2020 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator thermometer read 55°F. OHCA digital thermometer read 33°F.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>NEW THERMOMETER PURCHASED TO REPLACE MALFUNCTIONED ONE</p>	9/12/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 55°F. OHCA digital thermometer read 33°F.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>REFRIGERATOR THERMOMETER WILL BE CHECKED ON A DAILY BASIS TO ENSURE IT'S IN WORKING ORDER AND TEMPERATURE IS WITHIN RANGE (45°F OR BELOW) SUBSTITUTE CAREGIVER WILL ASSIST WITH CHECKING THERMOMETER</p>	<p>9/12/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> "Refresh tears" unsecured on refrigerator door.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SMALL LUNCH BAG (INSULATED BAG) PURCHASED + MASTER LOCK PLACED ON ZIPPER TO LOCK BAG. EYE DROPS PLACED IN BAG + BAG LABELED AS MEDICATION BAG.</p>	1/2/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> "Refresh tears" unsecured on refrigerator door.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE MEDICATIONS WILL BE STORED IN A PLASTIC BIN AND RETURNED INTO BIN WHEN AFTER MEDICATION HAS BEEN ADMINISTERED. CONTAINER SHALL BE PLACED ON REFRIGERATOR SHELF WITH LABEL "MEDICATIONS" FACING OUTWARDS. SUBSTITUTE CAREGIVER TO ASSIST W/ ENSURING MEDICATIONS ARE SECURE IN CONTAINER</p>	<p>9/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1, admitted on October 2, 2019 – single step tuberculosis (TB) skin test completed on July 22, 2020. However, no two (2) step TB skin test prior to admission.</p> <p><u>Please complete one (1) additional skin test and submit copy with your plan of correction (POC).</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>2ND STEP PPD COMPLETED ON 9/28/20</p>	<p>9/28/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1, admitted on October 2, 2019 – single step tuberculosis (TB) skin test completed on July 22, 2020. However, no two (2) step TB skin test prior to admission.</p> <p><u>Please complete one (1) additional skin test and submit copy with your plan of correction (POC).</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>2ND STEP PPD SHALL BE COMPLETED UPON ADMISSION. SUBSTITUTE CAREGIVER WILL ASSIST WITH CHECKING THAT ALL ADMISSION REQUIREMENTS ARE MET PRIOR TO ADMISSION</p>	9/28/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1, admitted on October 2, 2019, self-preservation statement completed after admission, on July 1, 2020.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1, admitted on October 2, 2019, self-preservation statement completed after admission, on July 1, 2020.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SUBSTITUTE CAREGIVER WILL ASSIST WITH CHECKING THAT ALL ADMISSION REQUIREMENTS ARE MET <u>PRIOR</u> TO ADMISSION</p>	9/11/20

Licensee's/Administrator's Signature: Jay Anastasio

Print Name: FAYE ANASTASIO

Date: November 17 2020

Licensee's/Administrator's Signature: Faye Anastacio

Print Name: FAYE ANASTACIO

Date: Jan 5 2021